EXHIBIT

13

NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

Chain Pharmacist Practice Memo

Volume 6, Number 9 This Month's Briefing on Key Practice and Operational Concerns SEPTEMBER 2002

Special Issue: Prescription Drug Misuse and Abuse

Recent studies show that the rates of accidental prescription drug abuse and drug misuse are rising in the U.S. As prescription volume continues to escalate, the risk for abuse of prescription drugs is likely to continue to increase. Community pharmacists can encourage the proper use of medications and are uniquely qualified to help prevent and detect prescription drug abuse.

"Prescription drugs can relieve a variety of medical problems and improve the lives of millions of people, but they can be dangerous, addicting -- and even deadly -- when used non-medically."

Glen R. Hanson, D.D.S., PhD., Acting Director, National Institute on Drug Abuse (NIDA)

Hydrocodone may be the most abused drug

The most commonly abused prescription drug classes are:

- Opioids (i.e. morphine, hydrocodone, oxycodone, fentanyl)
- CNS depressants (i.e. barbiturates such as phenobarbital; benzodiazepines such as diazepam, alprazolam)
- CNS stimulants (i.e. amphetamines, methylphenidate)

Although sustained-release oxycodone (Oxycontin®) has received much publicity regarding abuse, many other drug products from these three classes are frequently abused; hydrocodone may be the most widely misused opiate.

Age and gender differences in prescription drug abuse trends

The Elderly

Studies have documented the misuse of prescription drugs by the elderly; but some misuse among this population is likely to be accidental. Many of the problems with drug use in the elderly may be caused by both inappropriate prescribing, and lack of adequate patient education.

Adolescents and young adults

The majority of "first time" prescription drug abusers tend to be 12 years to 25 years of age and appear to preferentially abuse pain medications and stimulants, instead of CNS depressants. Xanax® (alprazolam) appears to be the new drug of choice among college students who abuse prescription medications.

Gender differences... women may be at higher risk

While not definitive, some studies suggest that young women are more likely to abuse prescribed medication than young men, especially pain and anti-anxiety medications. Women are nearly two times more likely to become addicted to sedatives and anti-anxiety agents than men... however, they are far more likely to be prescribed these medications.

While appropriate prescription medication use rarely leads to addiction, long term prescribed use of some medications can result in tolerance and physical dependence and withdrawal symptoms may occur if the medication is stopped. Also, the misuse or abuse of some prescription medications may lead to addiction--compulsive drug seeking and using behavior.

Produced and distributed by the National Association of Chain Drug Stores

Lembke Exhibit 29

7000375780
PDD1706058152

NON-CONFIDENTIAL

PKY181291507

IN COMMONWEALTH OF KENTUCKY, EX REL. JACK CONWAY, ATTORNEY GENERAL v. PURDUE PHARMA L.P., ET AL., CIVIL ACTION NO. 07-CI-OI 303 (PIKE COUNTY CIRCUIT COURT)

Pharmacists can help prevent prescription drug abuse

Unfortunately, many health care providers, including pharmacists, receive little training on addiction and recovery. DEA regulations may also make some pharmacists overly cautious when dispensing medications that may be vital to a patient's quality of life.

Strategies for preventing drug abuse

- **Ensure your patients understand the intended use of their medications** and how to use them correctly. For example, many patients need specific guidance on when to take medications if the doctor writes "as needed" in the directions.
- **Talk to your patients about their medications.** Encouraging patients to discuss their medications with pharmacists may prevent problems from occurring. For example, if a patient receives a prescription for pain medication but still has episodes of severe uncontrolled pain, recommend the doctor write for a 3 day to 5 day supply of more potent medication to treat "breakthrough" pain.
- **Contact the prescriber if you suspect medication misuse.** Frequent early refill requests and prescriptions for the same drug from multiple prescribers may indicate the patient is abusing their medications.
- **Enter the patient's diagnosis in the pharmacy's computer.** For example, patients who have terminal illness or chronic pain due to a severe auto accident may have legitimate needs for high and frequent doses of pain medication... so place a note in their record.
- **Know the signs of a forged prescription.** For instance, the handwriting is "too good," no residual pad adhesive, crooked script corners from imperfect scissors cuts of photocopies, or non-standard abbreviations or dosages. Prescriptions, such as sustained-release oxycodone for "prn" pain, should be verified before dispensing.

Inappropriate pain management and "opiophobia"

Not only do pharmacists have responsibility to ensure correct use of medications, they must also ensure that their patients are receiving adequate therapy. Many patients in chronic pain suffer needlessly because doctors and pharmacists are overly concerned about addiction and "forget" to focus on treating the patient and improving the patient's quality of life, a syndrome commonly referred to as "opiophobia." Patients who refuse to take pain medication because they fear becoming addicted are also "opiophobic." Sadly, many of these patients have terminal illnesses and end up suffering due to poor pain management.

The most common types of chronic pain include migraine headaches, low back pain, cancer pain, and arthritis pain. Controlling chronic, severe pain may often require using much higher doses of pain medication than what is used in controlling acute pain. The recommended dose for oral morphine tablets is 5-30 mg every four hours; however, it is not uncommon for patients in severe pain to use more than 90 mg every four hours. Most patients being adequately treated for severe pain do not abuse or become addicted to their medications. One study found that only four out of 12,000 patients given opioids for acute pain became addicted. ❖

7000375781
PDD1706058153

NON-CONFIDENTIAL

PKY181291508

IN COMMONWEALTH OF KENTUCKY, EX REL. JACK CONWAY, ATTORNEY GENERAL v. PURDUE PHARMA L.P., ET AL.,
CIVIL ACTION NO. 07-CI-OI 303 (PIKE COUNTY CIRCUIT COURT)

New dangers with consuming alcohol with medications

Recent studies reveal that consumers face new dangers when consuming alcohol with prescription drugs. Many patients don't realize that combination products like Vicodin® and numerous nonprescription cough and cold medicines contain acetaminophen. Many opioid medications commonly abused also contain acetaminophen. While studies are still ongoing, patients who consume more than 4000 mg of acetaminophen (i.e. 12 regular strength Tylenol® tablets or eight Extra Strength Tylenol® tablets) and two or more alcoholic beverages a day may be at risk for serious liver damage and liver failure. Some case reports indicate that damage may occur in less than one week.

When monitoring the use of opioids... don't overlook the potential of acetaminophen overdosages and drug interactions if the medication contains both drugs. Patients who consume more than two or more alcoholic drinks a day may not tell their doctor, but they may ask their pharmacist if it is safe to drink with their medications. You may want to review their medication therapy for drug-alcohol interactions and make recommendations for alternatives if needed.

Sublingual buprenorphine under review for treating opiate addiction

Currently, methadone is the most commonly used treatment for opiate addiction and related withdrawal symptoms. As mixed opiate agonists, methadone blocks the effect of other opiates and relieves drug cravings. Patients abusing CNS stimulants and depressants should also undergo slow detoxification to prevent withdrawal symptoms. In some patients, antidepressants may be used to counteract depression that sometimes occurs during detoxification and addiction recovery.

A new sublingual buprenorphine tablet is under review by the FDA. For the first time in decades, this medication would allow office-based pharmacotherapeutic treatment of opiate addiction.

The FDA is reviewing buprenorphine as a treatment for opiate addiction because clinical trials have shown that buprenorphine (alone or in combination with naloxone) is effective. Currently, most individuals addicted to opiates must rely on a limited number of federally regulated methadone clinics to receive treatment. Prescribed dispensing of sublingual buprenorphine by physicians in their offices will help to augment the current system of opiate addiction treatment.

Recovery programs available for impaired professionals

Nearly 20% of all health care professionals will experience some form of addiction in their lifetime. Many health care professionals frequently encounter stressful, even traumatic situations as part of their daily practice. This added stress and the fact that most have easy access to commonly abused prescription drugs **increases** the risk for substance abuse.

For this reason, it's important to address how to assist impaired colleagues in obtaining help. Fortunately, many states have "recovery programs" that treat the unique needs of impaired health care professionals. Many of these programs allow individuals to anonymously report that a colleague may have a problem. In addition, many states will lessen, or waive punitive action against an impaired health care professional if the health care professional voluntarily enters a treatment program.

By not taking action to assist a health care professional who may be impaired, a patient may be harmed. The American Pharmaceutical Association can provide individuals with contact information and referrals to state recovery programs. Call 1-800-237-APhA (2742) ext. 7559 for information. ❖

7000375782
PDD1706058154

NON-CONFIDENTIAL

PKY181291509

IN COMMONWEALTH OF KENTUCKY, EX REL. JACK CONWAY, ATTORNEY GENERAL v. PURDUE PHARMA L.P., ET AL., CIVIL ACTION NO. 07-CI-OI 303 (PIKE COUNTY CIRCUIT COURT)

One-year anniversary of September 11 attacks

Post-traumatic stress disorder often facilitates substance abuse

With the anniversary of the September 11 attacks, be on the lookout for patients who may exhibit the symptoms of post-traumatic stress disorder (PTSD), or who may begin unusual use of a potentially addictive prescription medication. Anniversaries of disasters or other traumatic events frequently generate emotional stress, which may be severe in some individuals. Memories of these events may trigger similar responses seen at the time of the original event, such as shock, numbness, irritability and mood changes. These symptoms constitute what is known as PTSD. Individuals with PTSD are at high risk for substance abuse, so it is important that they receive medical care.

Symptoms of Post Traumatic Stress Disorder (PTSD)

(from the National Center for PTSD)

- Feels very upset or fearful most of the time
- Acts very differently compared to before the trauma
- Can't work at all or take care of kids or home
- Has important relationships that are continuing to get worse
- Uses drugs or drinks too much
- Feels jumpy or has nightmares a lot
- Still can't stop thinking about the traumatic event
- Still can't enjoy life since the event

NIDA offers valuable resources for pharmacists

NIDA has several resources that may be of use to pharmacists including the *Facts about Prescription Drug Abuse* reference on prescription drug abuse included in this issue. Additional copies of *Facts about Prescription Drug Abuse* may be downloaded from the NACDS web site, www.nacds.org. In addition, copies of a patient education brochure entitled *Things You Should Know About Prescription Drugs and Their Potential For Misuse or Abuse* are also available to download on the NACDS web site for distribution to patients.

Other NIDA resources available on their web site, www.drugabuse.gov, include:

- **NIDA Research Reports.** This series of reports simplifies the science of research findings for the lay public, legislators, educational groups, and practitioners.
- **Science Based Facts on Drug Abuse and Addiction.** NIDA offers numerous documents on the health effects of specific drugs, drug abuse prevention and treatment, and other resources. These documents may be accessed from the NIDA web site, www.drugabuse.gov. Many of the documents are available in Spanish and NIDA offers a telephone line for the hearing impaired.
- **Marijuana - Facts Parents Need To Know.** This publication provides parents with information about marijuana use and strategies to prevent children from using this and other illegal drugs.
- **SteroidAbuse.org.** This web site provides information about steroids, how they are abused, and health problems that result from their use.

This publication is supported by

The National Institute on Drug Abuse (NIDA)

National Institutes of Health, Department of Health and Human Services

www.drugabuse.gov

NACDS Chain Pharmacist Practice Memo is published monthly by the National Association of Chain Drug Stores, P.O. Box 1417-D49, Alexandria, VA 22313-1480.
ISSN 1092-4272.
Visit our website at www.nacds.org.

Mark E. Griffin
Chairman
Craig L. Fuller
President & CEO
Charles M. Dragovich
Editor
Deanna E. Mercer
Designer

Founded in 1933, the National Association of Chain Drug Stores membership consists of over 190 retail chain community pharmacy companies in an industry that operates more than 34,000 retail community pharmacies which provide practice settings for more than 100,000 pharmacists nationwide. The NACDS membership also includes more than 1,300 suppliers of goods and services to chain drug stores.

7000375783
PDD1706058155

NON-CONFIDENTIAL

PKY181291510

IN COMMONWEALTH OF KENTUCKY, EX REL. JACK CONWAY, ATTORNEY GENERAL v. PURDUE PHARMA L.P., ET AL., CIVIL ACTION NO. 07-CI-OI 303 (PIKE COUNTY CIRCUIT COURT)

NACDS Chain Pharmacist Practice Memo, September 2002-52

Selected Prescription Drugs with Potential for Abuse

Visit NIDA at www.drugabuse.gov

NIDA — NATIONAL INSTITUTE ON DRUG ABUSE

Substances: Category and Name	Examples of *Commercial* and Street Names	DEA Schedule*/ How Administered**	*Intoxication Effects*/Potential Health Consequences
Depressants			
barbiturates	*Amytal, Nembutal, Seconal, Phenobarbital*; barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	II, III, V/injected, swallowed	*reduced pain and anxiety, feeling of well-being, lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration/confusion, fatigue; impaired coordination, memory, judgment; respiratory depression and arrest, addiction*
benzodiazepines (other than flunitrazepam)	*Ativan, Halcion, Librium, Valium, Xanax*; candy, downers, sleeping pills, tranks	IV/swallowed	*Also, for barbiturates—sedation, drowsiness/depression, unusual excitement, fever, irritability; poor judgment, slurred speech, dizziness*
flunitrazepam****	*Rohypnol*; forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	IV/swallowed, snorted	*for benzodiazepines—sedation, drowsiness/dizziness*
			for flunitrazepam—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects
Dissociative Anesthetics			*increased heart rate and blood pressure, impaired motor function, memory*
ketamine	*Ketalar SV*; cat Valiums, K, Special K, vitamin K	III/injected, snorted, smoked	loss, numbness, nausea/vomiting
			Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest
Opioids and Morphine Derivatives			*pain relief, euphoria, drowsiness*, respiratory depression and arrest, nausea,
codeine	*Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine*; Captain Cody, Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup	II, III, IV/injected, swallowed	confusion, constipation, sedation, unconsciousness, coma, tolerance, addiction
fentanyl	*Actiq, Duragesic, Sublimaze*; Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	II/injected, smoked, snorted	*Also, for codeine—less analgesia, sedation, and respiratory depression than morphine*
morphine	*Roxanol, Duramorph*; M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
opium	laudanum, paregoric; big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
other opioid pain relievers (oxycodone, meperidine, hydromorphone, hydrocodone, propoxyphene)	*Tylox, OxyContin, Percodan, Percocet*; oxy 80s, oxycotton, oxycet, hillbilly heroin, percs *Demerol, meperidine hydrochloride*; demmies, pain killer *Dilaudid*; juice, dillies *Vicodin, Lortab, Lorcet, Darvon, Darvocet*	II, III, IV/swallowed, injected, suppositories, chewed, crushed, snorted	
Stimulants			*increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness*/rapid or irregular heart beat; reduced appetite, weight loss, heart failure
amphetamines	*Biphetamine, Dexedrine*; bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	*Also, for amphetamines—rapid breathing; hallucinations*/tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance, addiction
cocaine	*Cocaine hydrochloride*; blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	
methamphetamine	*Desoxyn*; chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	II/injected, swallowed, smoked, snorted	*for cocaine—increased temperature*/chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition
methylphenidate	*Ritalin*; JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	*for methamphetamine—aggression, violence, psychotic behavior*/memory loss, cardiac and neurological damage; impaired memory and learning, tolerance, addiction
			for methylphenidate—increase or decrease in blood pressure, psychotic episodes/digestive problems, loss of appetite, weight loss
Other Compounds			*no intoxication effects*/hypertension, blood clotting and cholesterol changes,
anabolic steroids	*Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise*; roids, juice	III/injected, swallowed, applied to skin	liver cysts and cancer, kidney cancer, hostility and aggression, acne; adoles-cents, premature stoppage of growth; in males, prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females, men-strual irregularities, development of beard and other masculine characteristics

Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Most Schedule V drugs are available over the counter.

**Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.*

***Associated with sexual assaults.*

**Not available by prescription in U.S.*

7/02

7000375784
PDD1706058156

NON-CONFIDENTIAL

PKY181291511

IN COMMONWEALTH OF KENTUCKY, EX REL. JACK CONWAY, ATTORNEY GENERAL v. PURDUE PHARMA L.P., ET AL., CIVIL ACTION NO. 07-CI-OI 303 (PIKE COUNTY CIRCUIT COURT)

Facts about Prescription Drug Abuse

Medications can be effective when they are used properly, but some can be addictive and dangerous when misused. This chart provides a brief look at some prescribed medications that—when used in ways other than they are prescribed—have the potential for abuse and even addiction.

Fortunately, most Americans take their medications responsibly. Addiction to prescription drugs is rare. However, in 2000, close to 9 million Americans reported using a prescription drug for nonmedical reasons at least once during the year.

Almost 4 Million Americans Reported Current Use of Prescription Drugs for Nonmedical Purposes in 2000

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, 2000

Illicit Drug Use Among Youths Age 12 to 14

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, 2000

Assessing Prescription Drug Abuse: CAGE. Four Simple Questions for You and Your Physician

- Have you ever felt the need to Cut down on your use of prescription drugs?
- Have you ever felt Annoyed by remarks your friends or loved ones made about your use of prescription drugs?
- Have you ever felt Guilty or remorseful about your use of prescription drugs?
- Have you Ever used prescription drugs as a way to "get going" or to "calm down?"

Adapted from Ewing, J.A. "Detecting Alcoholism: The CAGE Questionnaire." *Journal of the American Medical Association* 252(14):1905-1907, 1984.

What types of prescription drugs are misused or abused?

Three types of drugs are misused or abused most often:

- Opioids—prescribed for pain relief
- CNS depressants—barbiturates and benzodiazepines prescribed for anxiety or sleep problems (often referred to as sedatives or tranquilizers)
- Stimulants—prescribed for attention-deficit hyperactivity disorder (ADHD), the sleep disorder narcolepsy, or obesity.

How can you help prevent prescription drug misuse or abuse?

- Keep your doctor informed about all medications you are taking, including over-the-counter medications.
- Take your medication(s) as prescribed.
- Read the information your pharmacist provides before starting to take medications.
- Ask your doctor or pharmacist about your medication, especially if you are unsure about its effects.

www.drugabuse.gov

Order NIDA publications from NCADI: 1-800-729-6686 or TDD, 1-800-487-4889

NACDS Chain Pharmacist Practice Memo, September 2002-SI

7000375785
PDD1706058157

NON-CONFIDENTIAL

PKY181291512